

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <i>(FOR USE WITH FORM PTO-875)</i>							SERIAL NO. 0992488	FILING DATE 8/3/07								
CLAIMS																
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.					
1	1															
2		1														
3		1														
4		1														
5		1														
6		1														
7		1														
8		1														
9		1														
10		1														
11		1														
12	1															
13		1														
14	1															
15		1														
16		1														
17		1														
18		1														
19		1														
20		1														
21		1														
22		1														
23																
24																
25																
26																
27																
28																
29																
30																
31																
32																
33																
34																
35																
36																
37																
38																
39																
40																
41																
42																
43																
44																
45																
46																
47																
48																
49																
50																
TOTAL IND.	3		↓		↓		↓		↓							
TOTAL DEP.	10		↓		↓		↓		↓							
TOTAL CLAIMS	22															
							TOTAL IND.		↓		TOTAL DEP.		↓		TOTAL CLAIMS	
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS																